V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 37684

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto — Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town 908 So. 2nd Street
(If outside city or town limits, write "RURAL")

(d) Street No. De Soto — Mo.
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Donald Lyle Mock

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 14 (Day) — 1945 (Year)

8. AGE: Years — Months — Days — If less than one day 6 hr. 30 min.

9. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Vincent Joseph Mock
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hazel Melvina McAtee
15. Birthplace Baryties (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Earl McAtee
(b) Address 908 So. 2nd De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15-1945 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto — Mo.

19. (a) 11/29/45 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1945 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1945, to Nov. 15, 1945 that I last saw him alive on Nov. 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity birth - (6½ to 6¾ month)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. E. Owen (M.D. or other) DO

Address Edgar Bldg., De Soto, Mo. Date signed 11-17-45

1643

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed Registered Apprentice No. ,
working under my personal supervision.

Signed Lee Motherstead

Licensed Embalmer No. 3531

P. O. Address Dubois Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.